

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 20 1957

41512

STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 145

1. PLACE OF DEATH a. COUNTY Pulaski				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Waynesville, Mo. Inside Limits: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				c. CITY OR TOWN LaQuey, Missouri Inside Limits: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Way. Gen. Hosp. Length of stay in lb 24 hrs.				d. STREET ADDRESS (If outside, give location) Rural Rt. #. Reside on Farm: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Margie Middle Juanita Last Berry.				4. DATE OF DEATH Month 11 Day 11 Year 1957			
5. SEX Female		6. COLOR OR RACE White.		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH June 17, 1933	
9. AGE (In years last birthday) 24		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0		IF UNDER 24 HRS. Hours 0 Min. 0			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife.				10b. KIND OF BUSINESS OR INDUSTRY None.		11. BIRTHPLACE (City and state or country) Big Piney, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA							
13. FATHER'S NAME George D. Welch				14. MOTHER'S MAIDEN NAME Anna R. Lane.			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.				16. SOCIAL SECURITY NO. 492-367958		17. INFORMANT Address Geo. Berry Laquey, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) acute pulmonary infection DUE TO (c) 60 hrs. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 493x							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2							
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour a. m. Month, Day, Year p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			
20f. CITY, TOWN, OR LOCATION Waynesville, Missouri				COUNTY Pulaski STATE Missouri			
21. I attended the deceased from 1955 to 1957 and last saw her alive on 11-11-57 Death occurred at 6:00 Pm on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) H. E. Nickel				22b. ADDRESS Waynesville, Missouri			
22c. DATE SIGNED 11/14/57							
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/14/57		23c. NAME OF CEMETERY OR CREMATORY Hopewell Cemetery		23d. LOCATION (City, town, or county) (State) Big Piney, Missouri	
24. FUNERAL DIRECTOR ADDRESS Hodges Funeral Home Way, Mo.				25. DATE RECD. BY LOCAL REG. 11-14-57		26. REGISTRAR'S SIGNATURE Paula Grace Anderson	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 11-16-57
Pulaski County Health Officer
145
File Number 11-14-57
Date Filed

NOV 21 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Clarence J. Moore*

Licensed Embalmer No. 4896

P. O. Address *Waynesville,*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.